Approved for use through 7/31/2005, CWB 5651 6032

sperwork Reduction Act of 1995, no particins are required to respond to a collection of PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 28 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Cotumn 1) NUMBER FILED NUMBER EXTRA RATE FEE OP TOTAL CLAIMS minus 20 m INDEPENDENT OF AIMS minus 3 = x s OR 67 CFR 1.16(b) MILLTIDLE DEPENDENT OLAM PRESENT G7 CFR 1-16(6) OR TOTAL TOTAL " If the difference is polyton 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY HIGHEST CLAMS 4 NUMBER PRESENT RATE ADDI-RATE TIONAL PREVIOUSLY EXTRA MENDMENT PAIDFOR FEE MINONE Total 14 independent con CONTROL OF SEVENTATION OF MILETIN EDEPENDENT CLAM. (27 CFR 1.1604) ΩR ADD'L FEE OB ADD'L FEE (Column 3) RATE ADDI æ PRESENT RATE REMAINING TIONAL PREVIOUSLY NDMENT FEE Total 14 29 x s OR DIDGE DESCRIPTION OF MILETPLE DEPENDENT CLAM. (ST CFR 1.1908) 08 ADD L FEE ADD'L FEE (Column 2) HIGHEST (Column 3 CLAIMS RATE RATE o NUMBER PRESENT REMAINING TYDNAI TIONAL PREVIOUSLY **AMENDMENT** AMENDMENT PAID FOR FEE FEE OR Independent of CFB L VANC OB PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1684) OR ADD LEED AP. ADO'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 " If the "Highest Number Previously Peid For" IN THIS SPACE is less than 25, enter "20" "" If the "highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandra, VA 22115-1450.

New year's assistance is comparing the form call 1-500-PTO 9199 and soled option 2.